

Date

Court
Address

Re: Name of children and court file #

Dear (Agency or Court):

The _____ Tribe has received ICWA notice of the involuntary custody proceeding involving the above named Indian children in _____ Court.

I. Enrollment

_____ The child(ren) is an enrolled member of the _____ Tribe; enrollment # _____.

_____ The child(ren) is eligible for enrollment with the _____ Tribe.

_____ The child is not enrolled or eligible for enrollment with the _____ Tribe.

_____ The mother is an enrolled member of the _____ Tribe; enrollment # _____.

_____ The father is an enrolled member of the _____ Tribe; enrollment # _____.

_____ A determination regarding the eligibility for enrollment of the child has not been made.

_____ The following information is required in order to determine eligibility for enrollment.

_____ Based upon the information provided, the child may be eligible for enrollment with another Tribe: _____

II. Jurisdiction

_____ The _____ Tribal Court has exclusive jurisdiction over the above mentioned proceeding due to the following reason:

_____ The above named child(ren) is residing or domiciled within the _____ reservation.

_____ The above named child(ren) is a ward of the _____ Tribal Court.

III. Intervention

- _____ The Tribe elects not to exercise its right to intervene in this matter at this time, but may determine in the future that such intervention is necessary.
- _____ The Tribe wishes to have notice if the placement of the child is changed or termination of parental rights is sought.
- _____ The Tribe intends to file a motion to intervene.
- _____ The Tribe intends to file a motion to transfer jurisdiction to the Tribal Court.
- _____ The Tribe intends to request a continuance to prepare for the proceedings.

IV. Placement

- _____ We request that the placement of the child(ren) be coordinated with the Tribal _____ Agency. The following relatives/tribal members are interested in placement of the child(ren).
- _____
- _____

Address

- _____ The Tribe makes the following recommendations for services to the family:
- _____
- _____
- _____

V. Contact Information

Please address any legal issues and questions to our office. Thank you for ensuring compliance with the Indian Child Welfare Act in this matter. The _____ Tribe looks forward to a productive relationship with the _____ Agency and _____ Court.

Sincerely:

Name, Tribal Agency, Address and Phone Number

cc: County Social Services Office
States Attorney
Guardian Ad Litem
Parents Attorney